

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

APR 17 1936

1. PLACE OF DEATH

County Douglas  
Township Benton  
City Ava (No. ....)

Registration District No. 272  
Primary Registration District No. 5389

File No. 47899  
Registered No. 87 St. .... Ward)

2. FULL NAME

Betty Flaxenah Hicks

(a) Residence, No. .... St. d. Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) .....
	11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Ava  
(STATE OR COUNTRY)

FATHER 13. NAME Willie W Hicks

FATHER 14. BIRTHPLACE (CITY OR TOWN) Buckhart, Mo  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mabel Edwards

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Rock Bridge, Mo  
(STATE OR COUNTRY)

17. INFORMANT Fearl Hicks  
(ADDRESS) Ava, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ava Cemetery DATE April 1 1936

19. UNDERTAKER Friedrich  
(ADDRESS)

20. FILED April 11 1936 Henry Buck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ....., 19 .....

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....

I last saw h..... alive on ....., 19 ....., Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Heart disease  
Still born

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19 .....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Michael Weeks, M. D.

(Address) Ava, Mo

mother they say only one present

